UNITED STATES

SEC No. 11 SECURITIES AND EXCHANGE COMMISSION

Mail Processing Section

Washington, D.C. 20549

FORM D

OCT 23 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR Washington, Phiform Limited offering exemption

SEC USE ONLY Prefix Serial DATE RECEIVED

OMB Number: 3235-0076 Expires: October 31, 2008

Estimated average burden

hours per response.....16.00

Name of Offering (check if the	his is an amendment and name has changed, and indic	cate change.)			
Limited Liability Company In	terests in Commonfund Institutional All Cap Equi	ty Fund, LLC			
Filing Under (Check box(es) tha	it apply): 🗌 Rule 504 🔲 Rule 505 🔀 Rule 506 🔲	Section 4(6) ULOE			
Type of Filing: New Filing	✓ Amendment		, , , , , , , , , , , , , , , , , , ,		
1. Enter the information request	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
Name of Issuer (check if this	is an amendment and name has changed, and indicate	e change.)			
Commonfund Institutional All			08063412		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (inclu	00003712		
c/o Commonfund Asset Manag	gement Company, Inc.				
15 Old Danbury Road		(203) 563-5000			
P.O. Box 812					
Wilton, CT 06897	S. S. S. S. S. S.	77 1 . 1 Nt 1 /i 1 /ii.	a Assa Codo)		
	perations (Number and Street, City, State, Zip Code)	Telephone Number (includin	g Area Code)		
(if different from Executive Offi	ices)	<u> </u>			
Brief Description of Business					
Private Investment Fund		<u> </u>			
Type of Business Organization			008		
☐ corporation	☐limited partnership, already formed	Mashar (alassa manife), Limited Link	ility Company Z G Q		
	The second second	other (please specify): Limited Liab	miny Company of The		
business trust	limited partnership, to be formed				
No. of the Paris, and Date of land	orporation or Organization: Month Year	☐ Actual ☐ Estimated	O ZOOR		
Actual or Estimated Date of Inco			2008 REU		
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Postal Service ab	bbreviation for State:			
	CN for Canada; FN for other	foreign jurisdiction) DE	N REUT		
GENERAL INSTRUCTIONS			720		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

Δ	RASIC	IDENT	TEICA'	TION	DATA

- 2. Enter the information requested for the following:
 - X Each promoter of the issuer, if the issuer has been organized within the past five years;
 - X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - X Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐Executive Officer	Director of the	General and/or
			of the Managing Member	Managing Member	Managing Partner
Full Name (Last name first Hutton, Lyn					
Business or Residence Add					
			load, P.O. Box 812, Wilton, CT 06	_	
Check Box(es) that Apply:	Promoter	Beneficial Owner		☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first Strauss, Michael H.					
Business or Residence Add			Code) toad, P.O. Box 812, Wilton, CT 06	007	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer		D0
Check box(es) that Apply:	Ртотовег	Beneficial Owner	of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Long, Jeffrey T.	, if individual)	,	of the Managing Method	Managing Memoer	Managing Fartier
Business or Residence Add	ress (Number and	Street, City, State, Zip	Code)		
			tond, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐Executive Officer	☑Director of the	General and/or
			of the Managing Member	Managing Member	Managing Partner
Full Name (Last name first, Beaudreault, MaryEllen	•				
Business or Residence Add c/o Commonfund Asset Mana			Code) load, P.O. Box 812, Wilton, CT 06	B97	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, de Monico, A. Nicholas	if individual)	· 			<u> </u>
Business or Residence Add c/o Commonfund Asset Mana			Code) load, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:		Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Sedlacek, Verne O.	if individual)		6.6		
Business or Residence Add			Code) load, P.O. Box 812, Wilton, CT 06	897	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer of the Managing Member	☑Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Gardiner Jr., Arthur Z.	if individual)				
Business or Residence Add c/o Commonfund Asset Mana	ress (Number and agement Company	Street, City, State, Zip , Inc., 15 Old Danbury R	Code) load, P.O. Box 812, Wilton, CT 068	397	
Check Box(es) that Apply:		Beneficial Owner	⊠Executive Officer of the Managing Member	Director of the Managing Member	General and/or Managing Partner
Full Name (Last name first, Auchincloss, John W.					,, .,, X ., <u>X</u>
Business or Residence Add c/o Commonfund Asset Mana			Code) oad, P.O. Box 812, Wilton, CT 060	397	

Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠Executive Officer of the Managing Member	Director of the Managing Member	General and/or Managing Partner			
Full Name (Last name first, Blanch, Carolyn N.	if individual)		of the Managing Member	Wanaging Weinoci	wanaging I articl			
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Commonfund Asset Management Company, Inc., 15 Old Danbury Road, P.O. Box 812, Wilton, CT 06897								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer of the Managing Member	Director of the Managing Member	Managing Member Member			
Full Name (Last name first, if individual) Commonfund Asset Management Company, Inc.								
Business or Residence Address (Number and Street, City, State, Zip Code) 15 Old Danbury Road, P.O. Box 812, Wilton, CT 06897								

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFO	RMATIO	N ABQU	T OFFER	RING			_		•
1.	Has the	issuer sol	d, or does t	he issuer in	tend to sell,	to non-acc	redited inv	estors in thi	s offering?				··········	Yes □	No ⊠
					ļ	Answer also	in Append	lix, Columi	2, if filing	under ULO	E.				
2.	What is	the minin	num investi	nent that w	ill be accep	ted from ar	y individua	al? *Subje	ct to Mana	gement Di	scretion			\$ 1,000,	000*
3. 1	3. Does the offering permit joint ownership of a single unit?								Yes	No ⊠					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)															
		t name fi Securitio		idual)								···	-		
			<u> </u>			Casas 7: 0	7-1-1			· · · · ·				····	
			Wilton, C		treet, City,	State, Zip (.oae)								
Name o	of Assoc	iated Bro	ker or Deal	er										<u>-</u>	
States is	n Which	Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers						·		
(C	Check "A	All States'	or check is	ndividual S	tates)						🔯	All States			
	\L]	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]		
[1] [N	L] //T] (II)	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[OA] [MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]		
Full Na	me (Las		rst, if indivi												
Busines	s or Res	idence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name o	f Assoc	ated Bro	ker or Deal	er											
States in	n Which	Person L	isted Has S	Solicited or	Intends to 5	Solicit Purc	hasers	· /****		<u>-</u>					
(Check	"All Sta	tes" or ch	neck individ	lual States)							Г	All States			
	\Ll	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	(DE)	{DC}	[FL]	[GA]	[HI]	[ID]		
[1] [N	L] 4T] XI]	[IN] [NE] [SC]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[мі] [ОН]	(MN) [OK]	[MŚ] [OR]	[MO] [PA]		
		<u> </u>	[SD] rst, if indivi	[TN] dual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Busines	s or Res	idence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)					······································			
Name o	f Associ	ated Rmi	ker or Deal				<u> </u>								
					Intends to S										
(Check	"All Sta	tes" or cl	eck individ	lual States)		****************				************		All States			
[11	4T]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	{CA} {KY} {NJ] !TX}	[CO] [LA] [NM] [UT]	(CT) (ME) (NY) (VT)	(DE) (MD) (NC) (VA)	[DC] [MA] [ND] [WA]	[FL] [M1] [OH] [WVI	[GA] (MN] [OK] [WI]	[HI] [MS] [OR]	(ID) [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity	S	s
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	 s
	Partnership Interests	\$	S
	Other (Specify) Limited Liability Company Interests	\$ 358,726,119	\$ 358,726,119
	Total		\$ 358,726,119
	Answer also in Appendix, Column 3, if filing under ULOE.		!===
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	47	\$ 358,726,119
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		5
	Rule 504		S
	Total		S
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees	_ ⊠	\$ 0
	Accounting Fees		s
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	⊠	\$0

	C. OFFERING I RI	CE, NOMBER OF INVESTORS, EXTENSES AND USE	JI INOCODOS	
4.	expenses furnished in response to Part C - Question	ering price given in response to Part C - Question I and total on 4.a. This difference is the "adjusted gross proceeds to the		
	issuer."			\$ 358,726,119
5.	the purposes shown. If the amount for any purpose	proceeds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the led must equal the adjusted gross proceeds to the issuer set		
			Payments to	
			Officers, Directors,	
			& Affiliates	Payments To Others
	Salaries and fees		. <u> </u>	□ s
	Purchase of real estate		. <u> </u>	
	Purchase, rental or leasing and installation of mac	chinery and equipment	. <u> </u>	□s
	Construction or leasing of plant buildings and fac	ilities	. <u> </u>	□ \$
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso pursuant to a merger)		□ \$	□s
	Repayment of indebtedness		. 🗀 s	□ 5
	Working capital		. <u> </u>	□s
	Other (specify): Investment in portfolio securit	ies and related expenses	□ \$	☑ \$ 358,726,119
	Column Totals		. 🗆 s	⊠ \$ 358,726,119
	Total Payments Listed (column totals added)		. ⊠ \$ 358,	726,119
		D. FEDERAL SIGNATURE		
The	souer has duly caused this notice to be signed by th	ne undersigned duly authorized person. If this notice is filed u	nder Rule 505, the following	no signature constitutes
an u		rities and Exchange Commission, upon written request of its sl		
	uer (Print or Type)	Signature Dat	te .	
	mmonfund Institutional All Cap Equity Fund,		tober 2 , 2008	
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
.io	n W. Auchineloss	Secretary of the Managing Member of the Issuer		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

